

2025 EMSAC Gap Analysis- SSA and SWOT

System Standards has reference number behind it (), SWOT items are in blue. Items already in process are in green.

System Organization & Management

Common Operating Picture:

- Develop and maintain a shared **situational awareness platform** (1.01).

Funding:

- Secure **sustainable funding** streams for system upgrades and operations (1.03).
- Integrate Monroe County Medical Control (for Blakesburg to ensure coordinated oversight) (1.03)
- Launch **community education** on available medical resources, including multi-language materials (1.03).

Staffing & Training

Staffing:

Availability of the daytime volunteer force during peak

Provider pay

CERT – United First Aid – Community Teams – Industrial response teams

RSVP – Youth City Council – Gateway HS

Identify layers of opportunity for involvement in the system (non-certified)

Availability of Providers – both paid and volunteer

Data Coordination:

- Appoint a **central coordinator** for system-wide data collection and reporting (2.01).

Credentialing & Rosters:

- Implement a process for individual provider credentialing and ongoing maintenance of the service roster (2.01).

Training Programs:

- Identify and provide **initial training options** for all providers (2.01).
- Establish a formal **continuing-education training plan** (2.01).
- Ensure “any provider, anywhere” access to required training resources (2.01).

of graduates in EMS program – empty pipeline

Emergency Medical Dispatch (EMD):

- Provide EMD training for all relevant personnel (2.02).

Communications

Dispatch Upgrades:

- **Implement EMD** functionality within dispatch operations (3.01).

Radio System:

- **Upgrade the radio system to meet modern interoperability and reliability standards** (3.01).

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Medical MABAS:

- Develop standardized Medical Mutual Aid Box Alarm System (MABAS) response protocols (3.01).

Response & Transportation

Performance Metrics:

- Produce annual system-wide metrics reports and present to a Statistics Committee (4.02).
- Enable ORMICS reporting to dispatch for real-time data sharing (4.02).
- Enhance dispatch capability to generate analytics—particularly EMSAC ambulance response times (4.02).

Lift assist frequencies

Public Transit - expanded services

Look at the VA model for home care

Patients with no support system / no car / loneliness

Community engagement

High Volume facilities - other options

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PROJECTS FOR COMMITTEE RESEARCH

System Organization & Management (EMA is handling this for now)

Common Operating Picture:

- Develop and maintain a shared **situational awareness platform** (1.01). Looking into First Due

Funding:

- Secure **sustainable funding** streams for system upgrades and operations (1.03).
- Launch **community education** on available medical resources, including multi-language materials (1.03).

Data Coordination:

- **Central coordinator** for system-wide data collection and reporting (2.01).

Staffing & Training

Identify layers of opportunity for involvement in the system (non-certified) For all below:
Research curriculum requirements, length of course, cost, who can teach, what structure

1. **CERT** –
2. **United First Aid** –
3. **Community Teams** –
4. **Industrial response teams**-

Availability of Certified Providers – both paid and volunteer

5. **“any provider, anywhere”** concept. Develop County-wide service concept, Research technology options with Pulse Point and Now Force

Training:

6. Provide **initial training options** for all providers (IHCC, other providers, costs, requirements, funding options)
7. Establish a formal **continuing-education training plan** (Requirements, options, costs)

Communications

Emergency Medical Dispatch (EMD):

8. Requirements needed to implement EMD- Software (state shared services, staffing recommendations, current standards, liability)

Response & Transportation

9. **Public Transit – expanded services.** Quantify needs, research options, costs, staffing.
10. **Home Care- VA Model.** Quantify needs, research options, costs, staffing.
11. **Community Paramedicine.** Research current models that work in Iowa, costs, staffing, ideas on how to implement here, and quantify impact.
12. **High Volume facilities (LTC) – other options.** Research current needs, impact to EMS, quantify needs in those facilities, research options.
13. **Research lift assists.** Research current demand and alternative options.